



File No. 82017-3699

DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION*

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CUSHIONING SELF-CLOSING PACKAGING MATERIAL

and for which a patent application and for which a patent application

- ☒ which is identified by docket No. 82017-3699 and
which was filed on February 20, 2004 as Application No. 10/784,033.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE

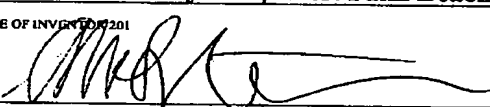
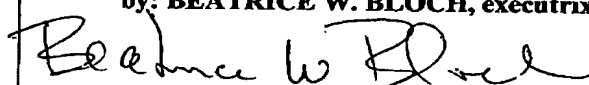
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

* for use only when the application is assigned to a company, partnership or other organization.

File No. 82017-3699

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
09/781,181	February 12, 2001	X		
09/934,971	August 21, 2001		X	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME FINESTONE	FIRST NAME ARNOLD	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY West Palm Beach	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 2400 Presidential Way	CITY West Palm Beach	STATE OR COUNTRY Florida
			ZIP CODE 33401	
	SIGNATURE OF INVENTOR 201 			DATE 6/16/01
2 0 2	FULL NAME OF INVENTOR	LAST NAME BLOCH	FIRST NAME GILBERT	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Palm Beach Gardens	STATE OR FOREIGN COUNTRY Florida	COUNTRY OF CITIZENSHIP USA
	POST OFFICE ADDRESS	STREET 3349 St. Malo Court	CITY Palm Beach Gardens	STATE OR COUNTRY Florida
			ZIP CODE 33410	
	SIGNATURE OF INVENTOR 202 Gilbert BLOCH (deceased) by: BEATRICE W. BLOCH, executrix 			DATE 6/16/04
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY
			ZIP CODE	
	SIGNATURE OF INVENTOR 202			DATE